CHARACTERISTICS OF CLINICAL FEATURES OF DESTRUCTIVE TBL IN COVID-19 IN THE FERGANA REGION

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Relevance

According to the World Health Organization (WHO) for 2019, 10 million people in the world are infected with tuberculosis, including 5.6 million men, 3.2 million women and 1.2 million children. It is estimated that 1 million children worldwide suffer from tuberculosis every year. The reduction in the incidence rate from 2015 to 2019 was 9%, and the global goal for 2030 was 80%.

Therefore, the main task of anti-tuberculosis and practical work is to prevent the development of tuberculosis lung lesions, including in comorbidity and especially against the background of the pandemic growth of COVID-19 among the population. Only on the basis of screening and "targeted" formation of groups of low, medium, high and very high risk of COVID-19 patients for tuberculosis lung lesions and modern implementation of primary, secondary or tertiary prevention measures can solve this currently extremely urgent task.

In this article, it was concluded that in the absence of clinical manifestations of an active form of tuberculosis infection, there is a constant state of immunoassay caused by the presence of mycobacterium tuberculosis antigens in the body, there is no "gold standard" diagnosis that allows a direct method to identify an infection in which mycobacterium tuberculosis occurs in humans, most infected individuals do not have It is believed that Lti is 10% probability of transition to active tuberculosis, 5% in the first two years of infection and 5% for the rest of a person's life.

In addition, the article emphasizes that the placement of persons who, as is known from mathematical models, about 30% of the world's population are considered carriers of lti, who are at risk of developing active tuberculosis for the detection and preventive treatment of persons with lt, is very important for the elimination of the disease.

The aim of the study was to study the clinical and epidemiological characteristics and prognostic and preventive aspects of tuberculous lung lesions in COVID-19 infection.

Materials and methods: The object of the study 1499 patients with COVID-19 (PCR+- 239 and PCR-1260), having broken through and "undergone examination" were treated at the hospitals/clinics of the "Fergana Regional Medical Centers of Phthisiology and Pulmonology" and COVID centers.

The subject of the study The medical history, physical data, risk factors, instrumental and biochemical data, results of the questionnaire examination and report forms No. 8 ("Information on active tuberculosis cases"), No. 003/u ("Medical record of a rational patient") and No. 060 ("Journal of registration of infectious diseases") were included.

Research methods. The study of pain used epidemiological, survey, instrumental, functional research methods, and statistical analysis.

Results and discussion. As follows from the presented analyses of the materials, the leading clinical features in DTBn COVID-19 and other forms of TB are noted with a detection rate at the following levels, respectively: 1) the route of tuberculosis infection - at the workplace - 14.0% and 86.0% (P <0.001), unknown - 27.0% and 74.0% (P <0.001), and there is a family focus - 24.0% and 76.0% (P <0.001); 2) the presence of drug resistance - "not determined" - 43.0% and 57.0 (P < 0.005), "sensitivity to drugs" - 9.0% and 91.0% (P < 0.001), "monoresistance" - 13.0% and 87.0% (P < 0.001), "multiresistance" - 21.0% and 79.0% (P < 0.001), "polyresistance" - 56.0% and 44.0% (P < 0.005) and"complete drug resistance" - 66.0 and 34.0% (P < 0.005).

In general, from the data presented, it can be noted that in destructive forms of TB, the idiopathic (unknown) form of the disease is observed with a relatively high frequency. A family focus of infection with DTBn COVID-19 occurs in almost every fourth patient with the lowest frequency of detection, as a route of infection of tuberculosis, "contact with patients at the workplace" is claimed.

In destructive forms of TB, according to our results, another significant problem is the problem of resistance: drug resistance is not determined in only 43.0% of cases.

But in the group of the population with "Other forms of TB", "Route of infection of tuberculosis in the workplace", "Sensitivity to drugs" and "mono resistance" prevail; "Unknown" routes of infection of tuberculosis are also claimed to be relatively high frequency of occurrence, "Polyresistance" and "complete drug resistance" in other forms of TB are observed with the lowest prevalence rate.

CONCLUSION

In the clinical manifestation of COVID-associated tuberculosis of the lungs with a relatively high prevalence rate, frequent acute respiratory viral infections, cough during work, cough in winter, sputum production in winter, close contact (family outbreak) route of infection and the route of tuberculosis infection in the workplace and drug resistance (monoresistance, multiresistance, polyresistance, complete resistance) are observed. The most frequently noted diseases in the population with TB are type 2 diabetes mellitus, COPD, gastroduodenitis, anemia, arterial hypertension, chronic hepatitis B. In 73.0% (in the population of health workers) and 21.0% (in the PDP group) of cases, COVID - 19 is combined with a mild degree of TB.

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